

MAR. 15. 2005 4:40PM CHRISTENSEN OCONNOR

NO. 3752 P. 2

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**MAIL STOP AF  
RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3700**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** W. Baatz **Attorney Docket No.** RAMI115985  
**Application No.:** 09/718,885 **Group Art Unit:** 3764  
**Filed:** November 21, 2000 **Examiner:** T.M. Nguyen  
**Title:** RESISTANCE EXERCISE APPARATUS AND TRAINER

**TRANSMITTAL LETTER FOR RESPONSE  
AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116  
AND PETITION FOR EXTENSION OF TIME**

**Seattle, Washington 98101**

**TO THE COMMISSIONER FOR PATENTS:**

**A. Amendment Transmittal**

Transmitted herewith is an amendment in the above-identified application.

1. No additional claim fee is required, as shown below.

2. The claim fee has been calculated as shown below.

**COMPUTATION OF FEE FOR CLAIMS AS AMENDED**

	Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate	Additional Fee
Total Claims	5	Minus	20	=	0	x	25	= 0.00
Independent Claims	5	Minus	7	=	0	x	100	= 0.00

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-1-

2023-09-25 14:14:00

PAGE 2/10 \* RCVD AT 315/2005 7:35:41 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-110 \* DNI5:8729306 \* CSID: \* DURATION (mm:ss):02:50

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23/21/2025 STN0743 22222231 221763 33710425

E1-F01825: 42-23-00

**B. Petition for Extension of Time**

Applicant respectfully requests that the shortened statutory period for response to the outstanding Final Office Action dated November 15, 2004, set to expire on February 15, 2005, be extended by one month to expire on March 15, 2005.

Please charge \$60 to Deposit Account No. 03-1740 in payment of the extension of time fee.

**C. Additional Fee Charges or Credit for Overpayment**

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.18 which may be required during the entire pendency of the application, or credit any overpayment, to Deposit Account No. 03-1740. This authorization also hereby includes a request for any extensions of time of the appropriate length required upon the filing of any reply during the entire prosecution of this application. A copy of this sheet is enclosed.

Respectfully submitted,

CHRISTENSEN O'CONNOR  
JOHNSON KINDNESS™



Brandon C. Stallman  
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I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Group Art Unit 3764, Examiner Tam M. Nguyen, at facsimile number 703.872.9306 on March 15, 2005.

Date: March 15, 2005



BCS:vas

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/718,885

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 = *	
INDEPENDENT CLAIMS	6 minus 3 = *	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	355.00	BASIC FEE	710.00
X\$ 9=		X\$18=	
X40=	120	X80=	
+135=		+270=	
TOTAL	120	OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	• 16	Minus	.. 20	= -		
Independent	• 7	Minus	... 6	= 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=	1	X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	• 12	Minus	.. 20	= -		
Independent	• 7	Minus	... 7	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	• 5	Minus	.. 20	= -		
Independent	• 5	Minus	... 7	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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